MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

BEST AVAILABLE COPY

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	l							51						
2		l						52						
3		\						53						
4		)						54						
5		l						55						
6		/						56						
7		l						57						
8		l						58						
9		l						59						
10		)						60						
11		/						61						
12		l						62						
13		1						63						
14	l							64						
15		(						65						
16		)						66						
17		l						67						
18		(						68						
19		/						69						
20		\						70						
21		\						71						
22		\						72						
23		l						73						
24		\						74						
25		l						75						
26		l						76						
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28	l							78						
29		/						79						
30		/						80						
31		/						81						
32		/						82						
33		/						83						
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38		/						88						
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42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.		⬇		⬇		⬇		TOTAL IND.		⬇		⬇		⬇
TOTAL DEP.		⬅		⬅		⬅		TOTAL DEP.		⬅		⬅		⬅
TOTAL CLAIMS								TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS